

**RELATIONSHIP DISCLOSURE FORM**  
**For use with development related items except**  
**applications in which the County is the principal or primary applicant**

This form shall be submitted to the department processing your application prior to the development-related item being considered for review and/or approval by Orange County.

In the event any information provided on this form should change, the applicant(s) should file an amended form on or before the date of project consideration before the appropriate board or body.

**IS THE APPLICANT OR ANY PERSON INVOLVED WITH YOUR PROJECT:**

- **A RELATIVE OR BUSINESS ASSOCIATE OF THE MAYOR OR MEMBER OF THE BCC?**
- **AN EMPLOYER OF THE MAYOR OR MEMBER OF THE BCC?**

**IS ANY PERSON WITH A BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR MEMBER OF THE BCC?**

**Please complete table below:**

	Applicant/Principal	Developer	Property Owner	Consultants/Attorney
Business Associate	YES/NO	YES/NO	YES/NO	YES/NO
Relative	YES/NO	YES/NO	YES/NO	YES/NO
Employer	YES/NO	YES/NO	YES/NO	YES/NO
Beneficial interest in the outcome	YES/NO	YES/NO	YES/NO	YES/NO

If you responded **yes** to any of the above questions, please state with whom and explain the relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Case #** \_\_\_\_\_  
 (where applicable)

**ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED**

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

Print Name and Title of Person completing this form: \_\_\_\_\_

\_\_\_\_\_  
Business Address (Street/P.O. Box, City and Zip Code): \_\_\_\_\_  
\_\_\_\_\_

Business Phone ( ) \_\_\_\_\_

Facsimile ( ) \_\_\_\_\_

STATE OF FLORIDA :  
COUNTY OF \_\_\_\_\_ :

I certify that on \_\_\_\_\_, before me, \_\_\_\_\_, an officer duly authorized by the State of Florida, and in the county mentioned above, to take acknowledgements, personally appeared \_\_\_\_\_, to me known to be the person described in this instrument or to have produced \_\_\_\_\_, as evidence, and who has acknowledged before me that he or she executed the instrument and did / did not take an oath.

Witness my hand and official seal in the county and state stated above on the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public  
Notary Public for the State of Florida  
My Commission Expires: \_\_\_\_\_

**Case #** \_\_\_\_\_  
(where applicable)